

Meeting: Children's Trust

Date: 3 April 2012

Report Title: Children and Young People's Plan Monitoring Report
October 2011 – March 2012

Report of: Debbie Haith, Deputy Director Children and Families

Purpose

To provide end of year progress update on the delivery of the one year Children & Young People's Plan action plan.

Summary

In September 2009 Haringey's Children's Trust published the Children and Young People's Strategic Plan 2009-2020 accompanied by a three year implementation Plan.

Since 2009 much has changed both politically and economically, and in recognition of this it was agreed at the Children's Trust meeting in February 2011, that a revised Children and Young People's Plan action plan should be developed covering 2011-2012. The new action plan was agreed at the Children's Trust on the 19th July 2011. This report provides an overview of progress against the plan for the final six months of 2011-12.

Recommendations

That the Children's Trust notes the content of this report.

Financial/Legal Comments

N/A

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1. Introduction

- 1.1. The Children & Young People's Plan (CYPP) action plan for 2011-12 was produced in the context of the political and economic developments following the change of Government in 2010. These changes impacted on the council, on health and education services across the borough. Information on these developments was included in sections 4 and 5 of Haringey's Children & Young People's Plan
- 1.2. 2011-2012, which outlined the national and local context at that time. Not the least of these factors is the reduction in Government funding

available for the provision of public services, changes in welfare benefits and the continuing decline in the national economy.

- 1.3. A year later the pace of Government change continues. For example a new Education Act was passed late in 2011, which includes measures to further promote the development of academies. More recently the Health and Social Care bill, the legislation which will underpin the changes taking place in the delivery of health care, was ratified by parliament in March 2012.
- 1.4. The following provides a summary of what has been delivered in the last 12 months as a result of implementing the one year Children and Young People's Plan Action Plan 2011-12. Any incomplete actions will be picked by other operational groups and boards.

2. Objective 1: *Giving Every Child the Best Start in Life - ensuring all children make good progress from conception to 3 years to improve outcomes at age 5*

- 2.1. As a result of consultation priority 1 of the draft Health and Well Being Strategy has been amended from 0 to 3 year olds to conception to 3 year olds.
- 2.2. Implementation of actions to reduce infant mortality has continued and actions have been included in the draft Health and Well Being strategy. It was intended that the infant mortality rate would reduce, but this has not been achieved, however it should be noted that there is a time lag between actions being implemented and their impact being realised. The rate remained static at 4.8 per 1,000 live births in 2008-10 and 2007-09. This compares to a rate of 4.6 per 1,000 live births for England and 4.5 for London. Positively compared against its statistical neighbours Haringey continues to have the lowest infant mortality rate. Another large scale training event to address the risk factors for Sudden Unexpected Deaths in Infancy (SUDI) is planned for May 2012.
- 2.3. The review of commissioning intentions and priorities in regard to the delivery of the full Healthy Child Programme has been completed. This has resulted in the commissioning of 5.23 whole time equivalent (WTE) Health Visitors for 2012/13. However challenges in recruitment are expected so impact may not be seen until later in 2012/13. At present the current Healthy Child model is continuing to be delivered.
- 2.4. The core offer for Children's Centres has been agreed. A service specification has been created and is being agreed with each children's centre.

3. Objective 2: *Reduce inequalities*

- 3.1. A number of initiatives have and are being put in place to ensure that young people are engaged and heard in the planning and delivery of services. As a result of the Safeguarding and Looked After Children

Inspection (Feb 2011) it was agreed that a Rapid Health Needs Assessment for looked After Children in Haringey should be undertaken. As part of the assessment ten young people aged 9-19 participated in a workshop representing: young people in foster care, leaving care, asylum seeker backgrounds, young people accommodated by Southwark judgements, unaccompanied minors, those that had been in Children's Homes and young mothers. As a result of this and other research carried out, a number of recommendations were made and are being actioned by the LAC Multi-agency Group. It has been agreed that a further workshop with looked after children and care leavers will take place and the outcome will be fed through to Haringey commissioners and providers.

- 3.2. In order to increase consultation with children and young people and their involvement in planning and reviewing services, the Social Workers in the Disabled Children Team have received training in using communication in print. Visual materials have also been produced for use in safeguarding conversations with children and young people with disabilities. Views of young people receiving short break services are collected as part of the monitoring process and used to inform future planning of their service and the overall range of services. Young people in transition are determining how to use their individual budget and there is a young people's panel for recruiting staff in the Additional Needs and Disabilities service.
- 3.3. A three year Young People's Strategy was consulted on from December 2011 to February 2012. The consultation was very successful with 613 responses from young people, including 14.4% of responses from young people with disabilities. In addition targeted facilitated sessions with young people with learning difficulties and disabilities were held.
- 3.4. It was aimed that as a result of implementing the Youth Justice Annual Plan the direction of travel for the following indicators would improve: Reduction in the number of first time entrants to the Youth justice System, Reduction in re-offending and reduction in the use of custody. The latest binary rate for re-offending was 40.1%, which related to 531 young people in the cohort April to March 2010 committing 55 re-offences the following year. This was higher than Haringey's London statistical neighbours. In addition Haringey's rate of use of custody increased from last year's figures to 3.14 (rate per 1,000 of 10-17 population) which relates to 43 young people sentenced to custody for the first 3 quarters 2011-12. Again this was higher than Haringey's London statistical neighbours. However, this rise was predicted due to a tougher sentencing environment following the disturbances. The number of first time entrants has decreased from 494 in 2007 to 266 in 2010-11. Although the direction of travel on custody and re-offending is disappointing, both were affected by the riots and increase in serious youth violence and gang activity.
- 3.5. On the 17th October 2011 the Safeguarding and Looked After Children Plan was officially signed off and closed by the Towards Excellence

Board. Any outstanding actions have been transferred to existing Boards/Groups in order to ensure completion. All actions resulting from February 2011's Ofsted/CQC areas for improvement have been achieved. Significant progress has been made since the first plan went live in February 2009, which has been demonstrated by both announced and unannounced Ofsted and CQC inspection reports. This significant progress has been recognised by the Parliamentary Under Secretary of State for Children and Families who ended the government's intervention in March 2012.

- 3.6. The Corporate Parenting Strategy was agreed by the Corporate Parenting Advisory Committee on 28 June 2011. Accompanying the strategy is an action plan for 2011-12, which is monitored regularly by the Multi Agency Looked After Children Officer Group. An update on progress was presented to the Corporate Parenting Advisory Committee on 22 September 2011. Many of the actions in the plan have now been achieved. A system to monitor the quality of health care for children looked after has been developed and reported to the multi agency group. A quality assurance framework has been developed by the Quality Assurance and Practice Development Service which reviews the systems and processes for the care of children. A core data set has been developed and performance is reported to the Corporate Parenting Advisory Committee and the Children's Safeguarding Policy and Practice Advisory Committee. Regular reviews of complaints are carried out.
- 3.7. A child poverty needs assessment has been carried out and consultation on the Child Poverty Strategy has taken place. Awaiting guidance from the Lead Member for Economic Development and Social Inclusion on how best to proceed.
- 3.8. The Working together to improve the emotional well being and mental health of children and young people in Haringey: joint commissioning strategy April 2011 - March 2014 has been signed off. A review against the strategy is to take place and this is being led by Deputy Director Children and Families (Haringey Council) and supported by Public Health Children's Commissioning Manager.
- 3.9. Implementation of the 2011-12 Teenage Pregnancy Prevention and Support action plan has been achieved. However, ONS 2010 under 18 conception rate showed a disappointing rise in Haringey's rate to 64.7 per 1000 compared to 51.1 per 1000 in 2009 (lowest ever rate). The overall three year aggregate data for 2008–2010 shows a decrease of 16% since 1998-2000. The under 16 conception rate for 2010 decreased to its lowest rate. Local data for 2011 collected so far for under 18 conceptions suggests a decrease from 2010. More data will be available in May/June 2012.
- 3.10. Activities which support schools to target families who would qualify for free school meals (FSM) and make effective use of the pupil premium have been achieved. The gap in attainment at GCSE widened but both FSM and non FSM pupils made substantial improvements in

attainment overall. From September 2012 schools will need to report how they are using the pupil premium – this will continue to be monitored.

- 3.11. Schools have been supported to effectively commission services that will reduce inequalities. The School Improvement Service are continuing to ensure that schools are working to narrow the gap by monitoring vulnerable schools, delivering governor training and ensuring that the Ofsted framework – which has a clear focus on narrowing gaps in attainment – is used as the criterion when carrying out reviews.
- 3.12. Haringey Public Health Team has reviewed the Healthy Schools 'offer' to schools and the Director of Public Health has presented this to primary and secondary head teachers. The Haringey Public Health Team facilitates separate meetings each term for schools to support professional development and implementation of the Health Schools Scheme. Schools are returning their Healthy Schools Reviews providing evidence of Healthy Schools status.
- 3.13. In order to evaluate the commissioning and use of parenting programmes a mapping exercise of parenting programmes currently being delivered was updated in December 2011. The parenting programmes offer for 2012-13 is being finalised. The core of the offer is based on three evidence-based parenting programmes: Webster-Stratton, Triple P, and Strengthening Families, Strengthening Communities.
- 3.14. Actions to ensure that good multi agency systems are in place to support vulnerable children at points of transition have been achieved. The Primary Pupil Referral Unit (PRU) has developed a Pupil Passport containing relevant information on attainment, social and emotional progress, student voice and barriers to learning and effective support, which travels with the child to prepare the prospective school. This has enabled effective transition. Children will be monitored for a reduction in exclusions. Transition plans for children who have been permanently excluded or who have been on interim placements at the PPSC is a key remit of the Behaviour and Alternative Provision Team. The Behaviour Intervention Service actively liaise with The Octagon and Primary PRU to ensure plans are in place and children are effectively prepared for transition. A schedule of visits to the prospective school prior to and after integration ensures that barriers to progress are identified early and strategies put in place.
- 3.15. Attendance at primary schools for the Autumn Term 2011/12 was 95.67% which is an improvement on the figure of 94.4% for the previous academic year – a reduction in absence of 1.27%. Attendance at secondary schools for the Autumn Term 2011/12 was 94.9% which is an improvement on the figure of 93.1% for the previous academic year – a reduction in absence of 1.8%.

- 3.16. The delivery of specialist training and advice to schools to reduce the risk of exclusions of children subject to a child protection plan, children looked after and children with special educational needs has been achieved. Data on children with multiple exclusions (Looked After children with one exclusion) are followed up via contact with schools to ensure support plans are in place via pupil support plans or personal education plans. Training is given to schools on request in Team Teach (Positive Handling), Staff Reflection, Effective Classroom Management and Specialist training to Teaching Assistants and School Meal Supervisor Assistants is delivered to schools where need has been ascertained. Restorative Approaches are encouraged for children as an alternative to exclusions to encourage an effective return to school. Specialist teachers offer advice and training to school staff on managing behaviour of pupils with SEND. For example the Autism Team provide termly two day training on managing behaviour of ASD pupils for school staff. They also provide Early Bird and school age parent training groups which include sessions on behaviour management. Specialist teachers advise schools on links between language, learning and behaviour. They provide training centrally and in schools on developing social skills.
- 3.17. Training is delivered to parents of children with statements at the Markfield Project once per term. Parents are advised on seeking early support and engaging in school support processes. The Health Well-Being and Attainment Forum is attended by a representative from Behaviour and Alternative Provision to ensure information sharing and co-ordination for Looked After children who have been excluded or at risk of exclusion. Training for school governors continues.
- 3.18. The Joint Commissioning group for 11- 19 year olds has been established and has agreed the priorities for the coming year. Work has taken place on reviewing existing commissioning activity including the re-commissioning of a number of services including Looked After Children (LAC) Child Adolescent Mental Health Services (CAMHs), Multi Systemic Therapy (MST) implementation and semi supported accommodation for LAC. The transition policy in place and a task group has been set up to review the pathway for children with continuing care needs to adult services.
- 3.19. The Aiming High programme has been embedded and outcomes include a reduction of the number of young children with disabilities coming into care; increase in the number of children with complex needs accessing short breaks services; establishment of Haringey Involve Parents Forum; single point of referral established for health, education and social care leading to earlier identification and assessment of needs; multi-agency practitioners meeting to allocate key workers and team around the child (TAC) approaches; increase in the number of families using Direct Payments; refurbishment of Haslemere Centre and increase to seven day services, including autism specific overnight midweek.

- 4. Objective 3: *Ensuring children, young people and their families access services in a timely and appropriate manner***
- 4.1. Actions to raise awareness of domestic violence and its impact on children across all agencies in contact with children and families have been achieved. Domestic Violence (DV) Co-ordinator delivered awareness raising training on the impact of domestic violence on children to approximately 180 professionals from a multiplicity of key statutory and community based agencies in the period from November 2011 – March 2012. DV Co-ordinator has also circulated guidance and information on practice issues such as working with perpetrators of DV, identifying types of violence, supporting male victims, teenage partner violence and so on. In 2011 196 high risk cases were discussed at MARAC . Of these, 77% were non-police referred which indicates a good level of understanding by all agencies of the risks from DV. Sixty-seven percent of the cases seen at MARAC were BME.
- 4.2. Actions to improve clarity, timeliness and effectiveness of transition into adult continuing care or social care have been achieved. Transition policy completed following detailed consultation with parent/carers and staff. Agreed transition procedures and pathways from C&YPS to Adults revised and in use by front line staff. Over 60 parent/carers attended Transition evening on process of transition and this was followed by the Transition fair on 23 February at Tottenham Hotspur Foundation. There were 45 providers with over 150 visitors, including parents, carers, young people, school staff and other professionals. The recommendations of the Overview and Scrutiny Committee have all been addressed and a report on progress was presented in February 2012. The work experience project for young people in care with complex disabilities completed successfully. This enabled three young people with communication and mobility difficulties and challenging behaviour to visit Adult providers and take part in sporting and leisure activities in Haringey.
- 4.3. A six month project has been set up to focus completely on the transition of young people who have mental health needs, who may, or may not qualify for continuing healthcare after they reach the age of 18. This project has very clear outcomes for improving the experience of transition for young people who have mental health needs; including those who are looked after, and out of area. The project will, at the end, have an action plan that will feed into the LBH transition strategy and agreed pathways. Each young person will now be screened annually from the age of 14 to minimise the need to crisis manage a case as they approach 18. It will also identify to the transition panel who will require services post 18, and identify the most appropriate referral pathway.
- 4.4. The Haringey Investment fund was launched in March 2012. Voluntary organisations have the opportunity to submit bids explaining how their services will support the local authority's priorities, including priorities for children and young people. Closing date for bids is on 10th April

2012. Following this an evaluation process will take place to select providers.

- 4.5. Haringey's Multi-agency Safeguarding Hub (MASH) was launched in February 2012 by Tim Loughton MP, the Parliamentary Under Secretary of State for Children and Families and was the first to go live in London. The MASH brings together agencies from the council, police, health and probation into an integrated multi-agency team, where they can share intelligence on vulnerable children, families and adults. Haringey's MASH builds on good partnership arrangements developed under First Response Multi Agency Team (FRMAT). The MASH model is to be rolled out across London with other local authorities set to look to Haringey to see what Haringey's model of best practice looks like.
- 4.6. A number of actions have been achieved to improve young people's specialist substance misuse treatment. The Joint commissioning group have reviewed the allocation of funding for CYPS for substance misuse with the aim of improving value for money in 2012. Insight, a provider supporting young people affected by substance misuse, have continued to work with schools and teams in CYPS, reaching a number of young people and parents in schools. Improvements are needed in the numbers of vulnerable young people supported and treated by Insight. Cosmic in partnership with CYPS social workers are working with families affected by substance misuse. YOS have two substance misuse workers who assess young people referred and known to the service. They undertake one to one work with young people and refer onto specialist services when required. YOS work with young people known to the Octagon. A senior practitioner based in the Safeguarding and Support team undertakes direct work with children and their families affected by substance misuse, provide consultation to practitioners and work with voluntary sector to support families known to the safeguarding team.